

DDA-TCM

EXHIBIT I

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maryland

CASE MANAGEMENT SERVICES

A. Target Group: (See Attached)

B. Areas of State in Which Services Will Be Provided:

Entire State

X Only in the following geographic areas (authority of §1915(c)(1) of the Act is invoked to provide services less than statewide):  
Allegany, Caroline, Carroll, Cecil, Dorchester, Frederick, Garrett, Kent, Queen Anne's, Somerset, Talbot, Washington, Wicomico, or Worcester Counties

C. Comparability of Services:

Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration and scope. Authority of §1915(g)(1) of the Act is invoked to provide services without regard to the requirements of §1902(a)(10)(B).

D. Definition of Services:

(See Attached)

E. Qualifications of Providers:

(See Attached)

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Rev. 55

U.S. Government Printing Office : 2021 - 210-210/41612

4-117

TN NO. 95--15

Approval Date: MAY 08, 1995

Effective Date: JAN 01, 1995

Supersedes TN No. 92-28

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A. Target Group

Individuals who are certified for and are receiving Maryland's Medical Assistance benefits and who are determined by the Department's Developmental Disabilities Administration (DDA) or its designee to be eligible for Case Management for Individuals with Developmental Disability. A participant must:

1. Be evaluated as having a developmental disability;
2. Be at least 3 years old;
3. Resides in Allegany, Caroline, Carroll, Cecil Dorchester, Frederick, Garrett, Kent, Queen Anne's, Somerset, Talbot, Washington, Wicomico, or Worcester Counties;
4. Be homeless or reside in the participant's own home, the household of another individual, or a supervised residential setting other than a nursing facility or an ICF-MR;
5. Have a current, documentable need, as determined through direct evaluation by a qualified developmental disabilities professional (same as qualified mental retardation professional in federal law) for a case manager's assistance with accessing needed services, modifying service delivery, or sustaining involvement with needed services;
6. Not be receiving similar case management services under Section 1915(c) or (g) of Title XIX of the Social Security Act; and
7. Elect, or a representative elects on the recipient's behalf, to receive these case management services.

D. Definition of Services:

1. "Case Management" means services which assist participants in gaining access to the full range of Medical Assistance services as well as to any additional needed DDA-administered or generic medical, social, habilitative, vocational, educational, recreational, financial assistance, counseling, housing, transportation, legal, and other support services.

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2. Maryland Medical Assistance shall reimburse for the following services when they have been documented as necessary and appropriate.

3. Initial Development of a Support Services Plan.

"Support Services Plan" means the written, individualized plan of care which is:

- (a) Documented on a form designed by DDA;
- (b) Specific as to any services under COMAR 10.09.26 being recommended, if the participant is enrolled in the Home and Community Based Services Waiver for the Developmentally Disabled under that chapter; and
- (c) Developed by the participant's case manager in cooperation with the participant or representative and with community service providers, when appropriate.

a. An initial, face-to-face interview conducted by the case manager with the participant, representative, family, and caregiver, as appropriate;

b. An assessment of the participant's status and service needs conducted by the case manager;

c. Development of a written, individualized support services plan by the participant's case manager in consultation with the participant or representative and with community service providers, when appropriate;

4. Ongoing Case Management. It is the provider's monthly provision of case management services to a participant. It may occur in conjunction with the development of the support services plan and shall include, as necessary:

a. Implementing the support services plan;

b. Providing the participant, representative, and the participant's family or other caregiver with any necessary information concerning how to access and use the services recommended in the support services plan;

c. Enhancing the participant's and the family's or other caregiver's effective involvement in accessing services in the participant's behalf;

- d. Following up promptly after the participant's referral to service providers and then monitoring the participant's status and the service delivery on an ongoing basis;
- e. Maintaining contact with the participant and representative and with service providers;
- f. Coordinating service provision, identifying obstacles which impede implementation of the support services plan and utilization of services, and resolving conflict between service providers or between a service provider and the participant, family, or caregiver;
- g. Providing assistance, on a nonscheduled basis if necessary, to participants, their families or other caregivers if appropriate in the the participant's behalf, and service providers in securing intervention services, when necessary;
- h. Monitoring on an ongoing basis the participant's condition and need for services, the appropriateness and effectiveness of service delivery, the participant's progress in meeting the most recent goals established in the support services plan, and the participant's satisfaction with the support services plan, service providers, and service delivery;
- i. Reviewing the participant's support services plan on a regular basis and, as necessary, revising the support services plan and recommending changes in service delivery;
- j. Participating on and facilitating the participant's participation on an interdisciplinary team when it is necessary to develop an individualized habilitation plan for the participant;
- k. Encouraging and facilitating the participant's use of informal resources;
- l. Facilitating, in the participant's behalf, interagency collaboration and cooperation in order to enable the participant to access services and encouraging the participant's use of generic supports; and

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m. Identifying obstacles which impede implementation of a participant's support services plan's goals and then documenting efforts to overcome the obstacles.

E. Qualification of Providers:

1. Providers of Case Management for Individuals with Developmental Disability offer covered case management services to participants through a provider agreement signed with the Department of Health and Mental Hygiene. They are identified as Program providers by issuance of an individual account number.

2. General requirements for participation in the Program are that a provider must meet all the conditions for participation as set forth in COMAR 10.09.36 General Medical Assistance Program Participation Criteria.

3. Specific requirements for participation in the Program as a provider of Case Management for Individuals with Developmental Disability are that a provider shall;

a. Be the one public agency or private incorporated organization in a specific geographic area selected by the DDA in accordance with COMAR 10.22 to provide the services covered under this chapter and to act as the identified point of entry to the DDA service delivery system;

b. Demonstrate experience with service provision to individuals with developmental disability, as well as experience with provision of case management;

c. Refrain from providing any other services to participants which would be viewed by the Department as a conflict of interest;

d. Designate specific, qualified employees as case managers and case management supervisors, and verify their credentials for providing the case management services;

e. Employ as case managers those individuals who have a bachelor's or higher degree in a human services field;

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f. Employ as case management supervisors those individuals who:

(1) Have a degree in social work, education, or another related human services field at the master's degree level, or at the bachelor's degree level with at least 3 years of experience in social work;

(2) Have administrative experience; and

(3) Are qualified developmental disabilities professionals (same as qualified mental retardation professionals in federal law) with knowledge of developmental disabilities, case management techniques, and person-centered planning;

g. Have sufficient administrative and supervisory staff to ensure the quality of case management services and the adherence to applicable state and federal regulations;

h. Provide for orientation and ongoing in-service training of staff, as required and approved by the DDA;

i. Be selected in writing by the participant or representative as the provider from among all qualified providers;

j. Place no restrictions on the qualified recipient's right to elect to receive these case management services and to choose a case management provider and other service providers;

k. Have normal operating hours of at least 8 hours a day, 5 days a week, except on holidays approved by the DDA;

l. Have a means for participants to contact the provider in the event of an emergency at times other than normal operating hours and, otherwise, be available to participants on an unscheduled basis as the need arises;

m. Be knowledgeable of the eligibility requirements and application procedures of federal, state, and local government assistance programs which are applicable to participants;



- n. Maintain a current, easily accessible directory identifying community services available to participants;
- o. Assure that a support services plan is:
  - (1) Developed within 30 days of the determination of a recipient's qualification for these case management services;
  - (2) Reviewed by the case manager as often as necessary, but at least annually; and
  - (3) Revised by the case manager as often as necessary;
- p. Report to the DDA any problem which threatens the provider's ability to continue to provide services to participants, within 72 hours after the provider becomes aware of the problem;
- q. Include whenever possible in the information-gathering, decision, and review process the participant's family, legal guardian, representative, or others designated by the participant;
- r. Be responsible for providing information to the DDA or its designee, as needed for the DDA's decisions regarding participants' eligibility, priority, and need for DDA-administered services, regardless of the services' availability;
- s. Have the capability to maintain individual case and financial records in accordance with applicable state and federal laws and manage a financial system which provides documentation of services and costs;
- t. For participants also enrolled in the Home and Community Based Services Waiver for the Developmentally Disabled under COMAR 10.09.26:
  - (1) A form documenting the participant's choice between waiver services and institutionalization and;

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(2) The initial level of care determination and annual redetermination;

u. Forward all required forms to the DDA within the time frames established by the DDA; and

v. Comply with the Department's fiscal reporting requirements and submit records and reports in the manner specified by the Department

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Reimbursement Methodology - Case Management for Individuals with Developmental Disability

1. Requests for payments shall be submitted by an approved provider according to procedures established by the Department. The Department reserves the right to return to the provider, before payment, all invoices not properly signed and completed.
2. The provider shall submit a request for payment on the invoice form designated by the Department. A separate invoice shall be submitted for each participant. The completed form shall indicate the:
  - a. Date or dates of service;
  - b. Participant's name and Medical Assistance number;
  - c. Provider's name, location, and provider number; and
  - d. Nature, unit or units, and procedure code or codes of covered services provided.
3. A unit of service for the initial development of a support services plan is defined as:
  - a. At least one contact by a case manager with the participant or representative;
  - b. A completed and signed support services plan; and
  - c. The provision of all other necessary covered services.
4. A unit of service for ongoing case management is defined as:
  - a. At least one contact by a case manager in person or by telephone with the participant or representative; and
  - b. The provision of all other necessary covered services.
5. The provider shall bill the Program for the appropriate fee or fees specified in #8.
6. The Program will make no direct payment to recipients.
7. Billing time limitations for services shall be the same as those set forth in COMAR 10.09.16.
8. Payment shall be made:
  - a. Only to one qualified provider for covered services rendered on a particular date of service to a participant; and
  - b. According to the following fee-for-service schedule: